

# Medical Care Advisory Committee

*Minutes of March 15, 2018*

## Participants

### Committee Members Present

Andrew Riggle (Chair), Mark Brasher, Christine Evans (via phone), Adam Cohen, Mark Ward, Dale Ownby, Debra Mair, Jenifer Lloyd, Randall Crocker (Representing Doug Springmeyer), Lincoln Nehring (Representing Jessie Mandle).

### Committee Members Excused

Steven Mickelson, Dr. William Cosgrove.

### Committee Members Absent

Ginger Phillips, Pete Ziegler, Danny Harris, Sara Carbajal-Salisbury, Jonathan George, Donna Singer, Dr. Samuel Bailey.

### DOH Staff

Nate Checketts, Krisann Bacon, Ginny Henderscheid.

### Guests

Kris Fawson-Director, USILC, Joyce Dolcount, LCPD.

## Welcome

Meeting commenced at 2:06 p.m. Chairperson, Andrew Riggle welcomed all attendees present and those calling on the phone.

## Approval of Minutes

As a full quorum was not in attendance, the January 2018 minutes were tabled.

## New Rulemakings

### Craig Devashrayee – New Rulemaking

**R414-509 Medicaid Autism Waiver Open Enrollment Process (Rule Repeal).** Filed 1/19/2018 with an effective date of 3/26/2018.

**R414-3A-5 Services.** Filed 2/14/2018 with an effective date of 4/9/2018.

**R414-518 Emergency Services Program for Non-Citizens.** Filed 2/14/2018 with an effective date of 4/9/2018.

**R414-2A-7 Limitations.** Filed 2/27/2018 with an effective date of 4/23/2018.

**R414-60 Medicaid Policy for Pharmacy Program.** Filed 2/27/2018 with an effective date of 4/23/2018.

**R414-302-6 Residents of Institutions.** Filed 2/27/2018 with an effective date of 4/23/2018.

**R414-308-3 Application and Signature.** Filed 2/27/2018 with an effective date of 4/23/2018.

**R414-311 Targeted Adult Medicaid.** Filed 2/27/2018 with an effective date of 4/23/2018.

**R414-1-5 Incorporations by Reference.** Filed 2/27/2018 with an effective date of 4/23/2018.

**R414-519 Settings for Home and Community-Based Services.** Filed 3/5/2018 with an effective date of 5/8/2018.

### Jeff Nelson – Eligibility Enrollment Update

Jeff presented on the Medicaid eligibility enrollment totals.

- April 2016 was the highest Medicaid total enrollment, dates past April show a steady decline.

- CHIP shows a slight increase as the program moves individuals from Medicaid to the CHIP program.
- Due to open enrollment, PCN shows an increase for adults without children from February 1-28, 2018. It was estimated that as of February 2018, enrollment for adults with children is 5,717, and adults without children is 7,426.
- Medicaid enrollment for pregnant women is still on a slight decline (as reported last month) and is nationwide.
- Aged shows a slight increase.
- People with disabilities has a slight dip.
- The adult enrollment as in the past, is sporadic with both increases and declines.

## Julie Ewing – Managed Care Regulations Update

Julie gave highlight of the parts of the regulations that went into effect in 2017.

2017 regulations were administrative and include:

- An appeals and grievances process
  - Julie provided an overview of the Division's implementation
- Developing a state model enrollee handbook to be used by the managed care plans
  - A handbook has been develop for the ACOs and will be used as a model template for the dental plans and PMHP's

Currently, Julie is working on reviewing and making changes to the contract language and collecting reports from managed care plans.

Collecting a lot of new reports from the managed care plans.

2018 Regulation highlights.

Quality regulations required are:

- To update the Managed care quality strategy that will include all the managed care plans. Added will be dental plans, PMHP plans, and CHIP plans, as previously they were not included.
- To develop new elements to the state Medicaid quality strategy to identify, evaluate and reduce health disparity and develop mechanism to identify individuals who need long term services and support those with special health care needs.
- To create opportunities for stakeholder's to engage and provide input for further development. Julie announced a meeting is scheduled next week.
- Last requirement is to present the quality strategy to this committee.

Network Adequacy requirements:

- Julie reported there is an opportunity to access data from the Geographic Reference Center, Utah Division of Technology. This is beneficial to enable analysis on network adequacy.
- Last requirement is to present the network adequacy to this committee.

Lincoln Nehring wondered how the data was being reported and inquired if they would be public records. Julie responded that the new regulation requirement is to have a website for public view.

## Greg Trollan – Non-Emergency Medical Transportation (NEMT) Presentation

Greg gave an overview reporting that NEMT provides:

- Only available to Traditional Medicaid members. This includes transportation for mental health and substance use disorder services. Those not receiving traditional Medicaid are only eligible for emergency medical transportation.

- Personal transportation – members must contact their DWS eligibility worker for authorization and reimbursement of covered Medicaid services. Reimbursement for mileage is allowed for out-of-area transportation.
- Mass Transit - UTA and Para-transit. Members must contact their DWS eligibility work to receive a bus pass
- Contracted NEMT brokers such as LogistiCare. Contractor must use the most reasonable and economical mode of transportation to the closed appropriate medical services.
- American Indians residing in their tribal service are provided NEMT through their respective Tribal NEMT Grants. The Navajo Nation, Confederated Tribes of Goshutes, and Paiute Indian Tribe have contracts in place.
- Uber/Lyft. Lyft partnered early last year for a 3 year nation-wide contract with LogistiCare and is available for emergency transports, LogistiCare in Utah has not used Lyft yet. A provider receiving reimbursement under this contract would have to meet the applicable contract requirements.

### Kevin Bagley – Setting Rule Update

Kevin reported CMS implemented new federal Home and Community Based settings regulations in March 2014, which provided clarification concerning the required characteristics of service settings.

States must evaluate all HCBS residential and non-residential service settings to determine what settings are considered home and community based. Providers that have settings in place prior to the regulation's effective date do not have to comply until 2022. These rules apply to all Utah HCBS waiver programs.

Settings that are not considered HCBS settings, in the regulation, include nursing facilities, Institutions for Mental Diseases (IMD), Intermediate Care Facility for individuals with Intellectual Disabilities (ICF/ID), and hospitals.

Kevin gave an overview of HCBS requirements for provider-owned or controlled residential settings.

The Division is still working to implement and operationalize the regulations. Next steps will be holding work group meetings with providers, advocates, families, and other stakeholders, to work through some of the complexities related to the criteria in the regulations. If people are interested in getting more information there is a list serve available related to this topic and a website, contact Krisann Bacon for more details. Krisann will distribute additional information to the full Committee.

Kris Fawson asked about families that are on the self-administered model? Kevin stated that in most cases an individual's private residence is presumed to be in compliance. There is additional criteria under the rule that needs to be met as there is still an obligation to monitor for health and safety.

Andrew questioned the proposed changes from DSPD (prior to the legislative session) to the scope of work in their contract language with providers. Andrew remarked the changes proposed was not received well and the results caused the legislature getting involved. How is being handled? Tonya Hales, responded that DOH and DHM realized this needed to be reviewed further to understand clearly the setting rule requirements. The regulations do provide for a transition period to help providers come into compliance. There is a need to educate providers and family members what the settings requirements consist of.

### Nate Checketts – Director's Report

Nate presented a two page Expansion Report with an account on the Targeted Adult Medicaid (TAM) monthly enrollment.

The report showed the end of February a total of 1,221 individuals were enrolled. The enrollment totals by subgroups are

- Enrollment of 671 for 12 month homeless. Expectation of enrollment is approximately 1,000.
- Enrollment of 106 for Supportive Housing.
- Enrollment of 356 for Drug-Mental Health Court. Expectation of enrollment is approximately 2,000.
- Enrollment of 989 for Jail or Prison. Expectation of enrollment is approximately 8,000.
- State Hospital/Civil charge – 1

Next, Nate presented the monthly TAM expenditures. The largest expenditure shown was the residential treatment services totaling \$785,000. The next largest expenditure was the Inpatient Hospital at \$700,000. Nate informed the committee that Table 3, a correction should be made on Distinct Members Served. MAT Pharmacy total 872 should reflect 57 and Non-MAT Pharmacy total 57 should reflect 872. These totals were switched on the report.

Lincoln remarked that the monthly expenditure for the targeted adult pharmacy from December 2017, to January's 2018, increased very quickly, jumping from \$76,000 in December to \$214,000 in January. Was this expected? Nate responded with a few reasons on why this might have happened.

Total expansion parent enrollment was 4,517 as of February 2018. The monthly parent's expenditures by service type was \$12,055. Nate indicated the expansion report will be presented monthly.

## Legislative Session Update

Nate gave an update on the 2018 Legislation session.

### *HB0472*

Medicaid Expansion Amendments. The state was authorized to do a partial expansion which will go up to 100% FPL with a 90-10 federal-state match. This will expand Medicaid eligibility to certain populations not currently covered by Medicaid due to standards and eligibility rules. There will be an open comment period and with the comment period ending UDOH will then submit the waiver to CMS by January 1, 2019.

Dale Ownsby asked the process of submitting a public comment. Nate reported the process and indicated it may be possible for an informal discussion at a future MCAC meeting to provide input.

### *HB0012*

Family Planning Services Amendments passed. Wavier will be submitted July 1, 2018. This service provides Medicaid reimbursement for long lasting reversible contraception (IUDs) for low income women in hospital setting after childbirth. This bill requires the Division to seek a waiver from CMS, the waiver must be submitted by July 1, 2018.

### *HB0042*

Medicaid Waiver for Mental Health Crisis Services passed. For certain mental health crisis resources for mental health crisis lines and mobile crisis outreach teams.

### *HB0100*

Medically Complex Children with Disabilities Waiver passed. Provides children to cover healthcare costs associated with disabilities.

### *HB0163*

Drug Importation Act. This did not pass. The Legislature requested DOH to study and provide input on what the operational issues would be.

### *HB0325*

Primary Care Network Amendments passed. Enhanced coverage for individuals that are eligible under PCN.

### *HB0435*

Dental benefits for specified individuals within the targeted adult population passed. This bill requires the Division to seek a waiver from CMS, the waiver must be submitted by June 30, 2018.

### *MCAC Priorities*

With the legislative session ending the question was posed: how many of MCAC priorities were funded? Krisann responded reading what the priorities were.

1. 12-Month continuous eligibility for children.
2. Unbundle the cost of LARC from the global delivery fee.
3. Full Medicaid adult expansion.
4. Dental coverage for the elderly and parents.
5. Medically complex children's waiver.
6. Adult Vision coverage.
7. Adult day health services.
8. Medicaid family planning state plan amendment.

9. Home health services.
10. Dental coverage for the elderly.
11. Community health workers.
12. Dental services.

Kris Fawson questioned SB0172 sponsored by Senator Hemmert and if there were any direction on the future of this legislation. Nate provided an overview of the progression of this legislation through the session and where things stand now.

## Other Items

Andrew asked MCAC for further business or concerns. None given. Andrew

Andrew announced for future agenda topics for consideration please notify Krisann by email at [krisannbacon@utah.gov](mailto:krisannbacon@utah.gov)

**MOTION:** Jenifer Lloyd moved to adjourn meeting. All were in favor. None opposed.

**Adjourn** Meeting was dismissed at 4:12 p.m.